

<b>Case Number:</b>	CM14-0004750		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	07/13/2011
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The Physician Reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 37 year old female who reported an injury on 07/13/2011 secondary to a fall. The clinical note dated 10/22/2013 reported the injured worker complained of right hand pain rated 5/10 with numbness. The physical examination, of the right wrist, revealed a positive Tinel's and Phalen's tests. The range of motion in the right wrist was reportedly 75 degrees dorsiflexion, 65 degrees palmar flexion, 10 degrees radial deviation, 20 degrees ulnar deviation and grip strength was 40/30/25 pounds. The x-rays, of the right wrist, revealed no arthritis, bony, joint or soft tissue abnormalities. The injured worker also reportedly complained of continued back pain radiating to her lower extremities. The physical examination of the back and lower extremities revealed no motor weakness or sensory loss with +2 reflexes at the knees and +2 reflexes at the ankles. A positive straight leg raise at 75 degrees and tenderness from L4 to the sacrum was noted. The injured worker's medication regimen reportedly included Flonase, Levothyroxine, Miralax, Dexilant, Novolog, Fluoxetine, Topiramate, Xyzal, Amitiza, Lyrica, Fentora, Nucynta, Maalox, Zofran, Flexeril, and Voltaren Gel. The injured worker's previous treatment included acupuncture, chiropractic treatment and physical therapy. She underwent an epidural steroid injection in 09/2012 which reportedly increased the pain. The injured worker has had two MRIs of the lumbar spine and a microdiscectomy of the L5-S1 on 03/05/2013. The MRI dated 04/17/2013 reported findings of a 4-5mm residual central broad-based protrusion with a partial resection of the right lateral recess component disc noted. The S1 nerve root was situated normally within the lateral recess. The MRI of the cervical spine dated 07/25/2013, reported findings to include a 3mm broad-based protrusion at C5-6 and a 1-2mm left central focal protrusion at C3-04. The injured worker had an EMG/NCV on 09/23/2013. The request for authorization, for Pain Management referral was submitted on 10/25/2013. A clear rationale was not provided.

## IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

### **MRI LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, MRIs (magnetic resonance imaging).

**Decision rationale:** The request for MRI Lumbar Spine is non-certified. The injured worker has a history of low back pain treated with physical therapy, acupuncture, chiropractic treatments, medications and surgery. The American College of Occupational and Environmental Medicine recommends unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The Official Disability Guidelines further indicate repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). The clinical information, included for review, does not provide adequate documentation of significant findings indicative of neurological deficits to include, decreased motor strength, disturbed sensation, and numbness. In addition, there is a lack of documentation of any significant change since the last MRI to warrant updated studies. Therefore, the request for MRI Lumbar Spine is non-certified.

### **PAIN MANAGEMENT REFERRAL FOR C5-C6 EPIDURAL STEROID INJECTION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: , 12 LOW BACK,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Opioids, criteria for use Page(s): 78.

**Decision rationale:** The request for Pain Management Referral for C5-C6 Epidural Steroid Injection is non-certified. The injured worker has a history of low back and neck pain treated with physical therapy, acupuncture, chiropractic care, medications, to include opioids, and surgery. The California MTUS guidelines recommend consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. The provider's prior course of treatment was unclear; it was unclear what medications and therapies the injured worker previously utilized. It did not appear the injured worker had significant findings which would

indicate the injured worker's need for a referral for an epidural steroid injection. The MRI of the cervical spine dated 07/25/2013, reported findings to include a 3mm broad-based protrusion at C5-6 and a 1-2mm left central focal protrusion at C3-04. The documentation noted the injured worker underwent an epidural steroid injection in 09/2012; however the site was not documented and the injured worker stated the pain increased following the injection. There was a lack of documentation of objective findings which would demonstrate the injured worker's need for a referral for an epidural steroid injection. Therefore, the request for Pain Management Referral for C5-C6 Epidural Steroid Injection is non-certified.

**PHYSICAL THERAPY UNKNOWN NUMBER-CERVICAL/LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: , 12 LOW BACK,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Physical Medicine Page(s): 98-99.

**Decision rationale:** The request for Physical Therapy Unknown Number-Cervical/Lumbar Spine is non-certified. The injured worker has a history of back and neck pain treated with physical therapy, acupuncture, chiropractic care, medications, and surgery. According to the California MTUS guidelines, physical medicine may be recommended in the treatment of unspecified myalgia and myositis at 9-10 visits over 8 weeks in order to promote functional improvement. The clinical information, provided for review, notes the injured worker has undergone previous physical therapy; however, the number of sessions and efficacy of treatments was not provided. In addition, the provider did not clearly note the number of physical therapy sessions requested. Therefore, the request for Physical Therapy Unknown Number-Cervical/Lumbar Spine is non-certified.